

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553067

FILING DATE

20 JAN 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1	/	/		
3		2		/		
4		1		/		
5		1		/		
6		1		/		
7		1		/		
8		1		/		
9		1		/		
10		1		/		
11		1		/		
12	/		/			
13		1		/		
14		2		/		
15		2		/		
16		1		/		
17		1		/		
18		1		/		
19	/		/			
20		1		/		
21		2		/		
22		2		/		
23		1		/		
24		1		/		
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49						
50						
TOTAL IND.	9	↓	9	↓		↓
TOTAL DEP.	32	←	24	←		←
TOTAL CLAIMS	41		33			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						